

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037527

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9214

FILED SEP 19 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Cardinal Glennon Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Charles

c. CITY
OR
TOWN

St. Peters

Inside Limits
Yes ☐ No ☒

d. STREET
ADDRESS

(If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Laurel

Middle

Ann

Last

Fetsch

4. DATE
OF
DEATH

Month Day Year
September 12, 1963

5. SEX

Female

6. COLOR OR RACE

W

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/16/57

9. AGE (last birthday)

5

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

11. BIRTHPLACE (City and state or country)

Missouri.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Floyd E. Fetsch

13b. MOTHER'S MAIDEN NAME

Orielda M. Kuester

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)

No

16. SOCIAL SECURITY NO.

Nil

17. INFORMANT

Floyd E. Fetsch, St. Peters, Missouri.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PULMONARY EDEMA

INTERVAL BETWEEN
ONSET AND DEATH

4 hrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Complete heart block

6 hrs.

DUE TO (c)

Congenital Cyanotic Heart disease (TETRALOGY OF FALLOT)

5 1/2 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

754.0

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF
INJURY

Hour
a.m.
p.m.

Month, Day, Year

20f. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20g. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20h. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from September 10, 1963 to September 12, 1963 saw her alive on Sept. 12, 1963

Death occurred at 5:35 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

C. Pollins Haulon M.D.

22b. ADDRESS

1325 S. Grand St. Louis 4, Mo.

22c. DATE SIGNED

9/13/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

9/16/63

23c. NAME OF CEMETERY OR CREMATORY

All Saints Cemetery

23d. LOCATION (City, town, or county)

St. Peters, Missouri.

24. FUNERAL DIRECTOR

ADDRESS

Stiefvater Funeral Home, St. Peters, Mo.

25. DATE RECD. BY LOCAL REG.

SEP 14 1963

26. REGISTRAR'S SIGNATURE

Paul Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1
2092068
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55-0

DATE AMENDED

INSTEAD OF

SEP 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Licensed Embalmer No.

36933

P. O. Address

St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.